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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF GEORGIA	-	
Case number (if known)	Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

### Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1: Identify Yourself			
		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name			
	Write the name that is on your government-issued picture identification (for example, your driver's	Emerald First name Toyce		First name
	license or passport).	Middle name	_	Middle name
	Bring your picture identification to your meeting with the trustee.	Johnson Last name and Suffix (Sr., Jr., II, III)	_	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years			
	Include your married or maiden names.			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-4843		

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Debtor 1 Emerald Toyce Johnson

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
		■ I have not used any business name or EINs.  Business name(s)	☐ I have not used any business name or EINs.			
	Include trade names and doing business as names	Busiless lialife(s)	Business name(s)			
		EINS	EINs			
5.	Where you live		If Debtor 2 lives at a different address:			
		6159 Foxcroft Ct. Morrow, GA 30260				
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		Clayton	County			
		County	·			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing this district to file for	Check one:	Check one:			
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)			

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Debtor 1 Emerald Toyce Johnson

Case number (if known)

Part	Tell the Court About	Your Banl	kruptcy Ca	ise				
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.						
	choosing to file under	■ Chapter 7						
		☐ Chap	oter 11					
		☐ Chap	oter 12					
		☐ Chap	oter 13					
8.	How you will pay the fee	ab or a p	oout how yo der. If your pre-printed	I pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details at how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money r. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with e-printed address.				
					<b>ments.</b> If you choose this optic Official Form 103A).	n, sign and attach the Application for Individuals to Pay		
		□ Ir bu ap	equest that it is not req oplies to yo	t my fee be waive uired to, waive you ur family size and y	ed (You may request this option or fee, and may do so only if yo you are unable to pay the fee in	n only if you are filing for Chapter 7. By law, a judge may, ur income is less than 150% of the official poverty line that installments). If you choose this option, you must fill out ial Form 103B) and file it with your petition.		
9.	Have you filed for bankruptcy within the	■ No.						
	last 8 years?	☐ Yes.						
			District			Case number		
			District		When	Case number		
			District		When	Case number		
10.	Are any bankruptcy cases pending or being	■ No						
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.						
			Debtor			Relationship to you		
			District		When	Case number, if known		
			Debtor			Relationship to you		
			District		When	Case number, if known		
11.	Do you rent your residence?	■ No.	Go to	ine 12.				
		☐ Yes.	Has yo	ur landlord obtaine	ed an eviction judgment agains	t you?		
				No. Go to line 12.				
				Yes. Fill out <i>Initial</i> this bankruptcy pe		Judgment Against You (Form 101A) and file it as part of		

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art	Report About Any Bu	sinesses	You Own	as a Sole Proprie	tor		
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.			
		☐ Yes.	Name	and location of bus	siness		
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	of business, if any			
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	er, Street, City, Stat	te & ZIP Code		
	it to this petition.		Check	the appropriate bo	x to describe your business:		
				Health Care Busin	ness (as defined in 11 U.S.C. § 101(27A))		
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))		
				Stockbroker (as d	efined in 11 U.S.C. § 101(53A))		
				er (as defined in 11 U.S.C. § 101(6))			
				None of the above	9		
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines operation	are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate less. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of ons, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure .S.C. 1116(1)(B).				
	For a definition of small	■ No.	I am n	ot filing under Chap	oter 11.		
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am fi Code.	I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.			
		☐ Yes.	I am fi	ling under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.		
Part	4: Report if You Own or	Have Any	Hazardo	us Property or An	y Property That Needs Immediate Attention		
14.	Do you own or have any	■ No.					
	property that poses or is alleged to pose a threat						
	of imminent and identifiable hazard to	☐ Yes.	What is t	he hazard?			
	public health or safety? Or do you own any property that needs immediate attention?			iate attention is why is it needed?			
	illillediate attention:		,	my io it nocuou.			
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	the property?			
	-				Number, Street, City, State & Zip Code		

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Debtor 1 Emerald Toyce Johnson

Case number (if known)

Part 5:

#### **Explain Your Efforts to Receive a Briefing About Credit Counseling**

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Par	6: Answer These Questi	ons for Re	eporting Purposes					
16.	What kind of debts do you have?	16a.		sumer debts? Consumer debts are definal, family, or household purpose."	ned in 11 U.S.C. § 101(8) as "incurred by an			
			☐ No. Go to line 16b.					
			Yes. Go to line 17.					
		16b.		iness debts? Business debts are debts ment or through the operation of the business.				
			☐ No. Go to line 16c.					
			☐ Yes. Go to line 17.					
		16c.	State the type of debts you owe	e that are not consumer debts or busines	s debts			
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter 7. Go to line 18.					
	Do you estimate that after any exempt property is excluded and	■ Yes.	I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?					
	administrative expenses are paid that funds will		■ No					
	be available for distribution to unsecured creditors?		☐ Yes					
18.	How many Creditors do	<b>1</b> -49		□ 1,000-5,000	□ 25,001-50,000			
	you estimate that you owe?	□ 50-99		<b>5001-10,000</b>	☐ 50,001-100,000			
	owe:	100-199		□ 10,001-25,000	☐ More than100,000			
□ 200-999								
19.	How much do you	<b>\$0 - \$</b>	50.000	☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion			
	estimate your assets to be worth?		01 - \$100,000	□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion			
		□ \$100,001 - \$500,000		☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion			
		□ \$500,001 - \$1 million		<b>—</b> \$100,000,001 - \$300 Hillion	More than 450 billion			
20.	How much do you	□ \$0 - \$9	50,000	☐ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion			
	estimate your liabilities to be?		001 - \$100,000	□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion			
			001 - \$500,000	☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion			
		<b>山</b> \$500,0	001 - \$1 million		- Wore than too billion			
Par	7: Sign Below							
For	you	I have ex	amined this petition, and I declar	re under penalty of perjury that the inform	nation provided is true and correct.			
				am aware that I may proceed, if eligible, ef available under each chapter, and I ch	under Chapter 7, 11,12, or 13 of title 11, oose to proceed under Chapter 7.			
				pay or agree to pay someone who is no notice required by 11 U.S.C. § 342(b).	t an attorney to help me fill out this			
		I request	relief in accordance with the cha	apter of title 11, United States Code, spec	cified in this petition.			
		bankrupto and 3571	cy case can result in fines up to S	oncealing property, or obtaining money o \$250,000, or imprisonment for up to 20 y	or property by fraud in connection with a rears, or both. 18 U.S.C. §§ 152, 1341, 1519,			
			rald Toyce Johnson I Toyce Johnson	Signature of Debto	72			
			e of Debtor 1	Signature of Debito	. –			
		Executed	on February 18, 2019	Executed on				
			MM / DD / YYYY		/ DD / YYYY			

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Debtor 1 **Emerald Toyce Johnson** 

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Karen King	Date	February 18, 2019
Signature of Attorney for Debtor		MM / DD / YYYY
Karen King		
Printed name		
King & King Law, LLC		
Firm name		
215 Pryor Street, SW		
Atlanta, GA 30303-3748		
Number, Street, City, State & ZIP Code		
Contact phone (404) 524-6400	mail address	notices@kingkingllc.com
940309 GA		
Bar number & State		<del></del>

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		nation to identify yo						
De	ebtor 1	Emerald Toyce	Johnson Middle Name	Last Name				
De	ebtor 2							
(Sp	oouse if, filing)	First Name	Middle Name	Last Name				
Ur	nited States Ba	nkruptcy Court for the	e: NORTHERN DISTRICT	OF GEORGIA				
Ca	ase number							
(if k	known)							n
							amended filing	
$\sim$	fficial Ec	rm 107						
	fficial Fo		l Affaira far Indiv	iduala Eilina f	or Bon	leri intov		414
			Affairs for Indiv					4/1
			ssible. If two married people d, attach a separate sheet to					se
nuı	mber (if know	n). Answer every qu	estion.		•			
Pa	ort 1: Give D	Details About Your I	Marital Status and Where Yo	ou Lived Before				
1.	What is you	r current marital sta	itus?					
	<b>.</b>							
	<ul><li>Married</li><li>Not mar</li></ul>							
•			lived envelope ether the	a whara way live naw.				
2.	During the is	ast 3 years, nave yo	u lived anywhere other than	i where you live now				
	□ No							
	■ Yes. Lis	st all of the places you	u lived in the last 3 years. Do	not include where you l	ive now.			
	Debtor 1 Pr	rior Address:	Dates Debtor lived there	1 Debtor 2 P	rior Addres	s:	Dates Debto	r 2
	3780 Sherl	brook Ct.	From-To:	☐ Same as	Debtor 1		☐ Same as De	ebtor 1
	Atlanta, GA		January		Debtor 1		From-To:	CDIOI I
			2017-June 20	)18 				
	5548 Penn	nybrook Tr.	From-To:	☐ Same as	Debtor 1		☐ Same as De	ebtor 1
	Stone Mou	intain, GA 30087	2014-2017				From-To:	
3.	Within the Is	ast 8 vears did vou	ever live with a spouse or le	enal equivalent in a co	nmunity n	ronerty state or territ	ory? (Community)	nronertv
			California, Idaho, Louisiana, N					ргорону
	■ No							
	_	ake sure you fill out S	Schedule H: Your Codebtors (	Official Form 106H).				
Pa	ert 2 Explai	in the Sources of Yo	our Income					
4.			employment or from operat				ılendar years?	
			you received from all jobs and ou have income that you rece					
	_	,	,	<b>3</b>				
	□ No ■ Ves Fill	I in the details.						
	— 165. FIII	i iii tiie uetalis.						
			Debtor 1	O		ebtor 2		
			Sources of income Check all that apply.	Gross income (before deductions		ources of income neck all that apply.	Gross incon (before dedu	
				exclusions)			and exclusion	ns)

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Debtor 1 Emerald Toyce Johnson

	Debtor 1		Debtor 2			
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)		
From January 1 of current year until the date you filed for bankruptcy:	■ Wages, commissions, bonuses, tips	\$5,905.02	☐ Wages, commission bonuses, tips	ons,		
	☐ Operating a business		☐ Operating a busine	ess		
For last calendar year: (January 1 to December 31, 2018)	■ Wages, commissions, bonuses, tips	\$37,436.97	☐ Wages, commission bonuses, tips	ons,		
	☐ Operating a business		☐ Operating a busine	ess		
For the calendar year before that: (January 1 to December 31, 2017)	■ Wages, commissions, bonuses, tips	\$31,261.00	☐ Wages, commission bonuses, tips	ons,		
	☐ Operating a business		☐ Operating a busine	ess		
winnings. If you are filing a joint case	_ `					
	Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)		
Part 3: List Certain Payments You	Made Before You Filed for I	Bankruptcy				
		mer debts. Consumer debts	s are defined in 11 U.S.C	C. § 101(8) as "incurred by an		
· · · · · · · · · · · · · · · · · · ·	re you filed for bankruptcy, di	d you pay any creditor a tota	of \$6,425* or more?			
☐ No. Go to line 7. ☐ Yes List below e	ach creditor to whom you pai	d a total of \$6.425* or more i	n one or more payments	s and the total amount you		
paid that cre not include p	editor. Do not include payment payments to an attorney for the on 4/01/19 and every 3 years	ts for domestic support oblig nis bankruptcy case.	ations, such as child su	pport and alimony. Also, do		
Yes. Debtor 1 or Debtor 2 or	• •	mer debts.	•			
□ No. Go to line 7.						
Yes List below e include payr	ach creditor to whom you paid			aid that creditor. Do not do not include payments to an		
Creditor's Name and Address	Dates of payme	nt Total amount	Amount you Was	s this payment for		

still owe

paid

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Debtor 1 Emerald Toyce Johnson

7.

8.

	Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this pa	yment for
	EXETER FINANCE LLC PO BOX 166097 IRVING, TX 75016	December 2018-February 2019	\$1,200.00	\$9,213.00	☐ Mortgage ☐ Car ☐ Credit Ca ☐ Loan Rep ☐ Suppliers ☐ Other	rd payment
7.	Within 1 year before you filed for bankrupt Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.	ortners; relatives of any gen control, or owner of 20% o	eral partners; partner or more of their voting	erships of which you g securities; and an	u are a genera ly managing a	I partner; corporations gent, including one for
	<ul><li>No</li><li>☐ Yes. List all payments to an insider.</li></ul>					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
8.	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos  No Yes. List all payments to an insider		ments or transfer a	any property on ac	count of a de	ebt that benefited an
	Insider's Name and Address	Dates of payment	Total amount	Amount you	Reason for	this payment
		, ,	paid	still owe	Include cred	
Par	t 4: Identify Legal Actions, Repossession	ns, and Foreclosures				
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.  No					
	Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of th	e case
10.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.		erty repossessed, f	oreclosed, garnis	hed, attached	l, seized, or levied?
	Creditor Name and Address	Describe the Property  Explain what happened	1	Date		Value of the property
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment bec ☐ No ☐ Yes. Fill in the details.	otcy, did any creditor, inc		nancial institution	, set off any a	mounts from your
	Creditor Name and Address	Describe the action the	creditor took		action was	Amount
	Wells Fargo P.O. Box 3009	Bank Fees Last 4 digits of account r	number:	<b>taken</b> Janua	ary 2019	\$40.00

Langhorne, PA 19047

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Yes. Fill in the details.

Describe the property you lost and Describe any insurance coverage for the loss how the loss occurred Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.

Date of your loss

Value of property lost

Part 7: List Certain Payments or Transfers

Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No

Yes. Fill in the details. Person Who Was Paid

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
King & King Law LLC 215 Pryor St Atlanta, GA 30303	Filing Fee	2/15/19	\$75.00
Abacus Credit Counseling 3413 Alginet Drive Encino, CA 91436	Credit Counseling	2/15/19	\$25.00

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Debtor 1	Emerald	Toyce .	Johnson
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17.	Within 1 year before you filed for bankruptc promised to help you deal with your credito Do not include any payment or transfer that you No  Yes. Fill in the details.	rs or to make payment			or transfer any prope	erty to anyone who	
	Person Who Was Paid Address	Description and transferred	value of any pro	perty	Date payment or transfer was made	Amount of payment	
18.	Within 2 years before you filed for bankrupt transferred in the ordinary course of your b Include both outright transfers and transfers mainclude gifts and transfers that you have alread No  Yes. Fill in the details.	usiness or financial af ade as security (such as	fairs? the granting of a				
	Person Who Received Transfer Address  Person's relationship to you	Description and property transfe			any property or received or debts change	Date transfer was made	
19.	Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro No Yes. Fill in the details.		ny property to a	self-settled tru	ust or similar device	of which you are a	
	Name of trust  Description and value of the property transferred  Date Tran made						
Pai	t 8: List of Certain Financial Accounts, Ins	struments, Safe Depos	it Boxes, and Sto	orage Units			
20.	Within 1 year before you filed for bankruptc sold, moved, or transferred? Include checking, savings, money market, chouses, pension funds, cooperatives, assoc No  Yes. Fill in the details.	or other financial accou	unts; certificates	of deposit; sh		, ,	
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of Type of account or account number instrument		clo mo	te account was osed, sold, oved, or insferred	Last balance before closing or transfer	
	Wells Fargo P.O. Box 3009 Langhorne, PA 19047	XXXX-	■ Checking □ Savings □ Money Mari □ Brokerage □ Other		osed	\$0.00	
21.	Do you now have, or did you have within 1 y cash, or other valuables?	ear before you filed fo	or bankruptcy, ar	ıy safe deposi	t box or other depos	sitory for securities,	
	■ No □ Yes. Fill in the details.						
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had ac Address (Number, State and ZIP Code)		Describe the	contents	Do you still have it?	
		Julio una Em Joue)					

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Debtor 1 Emerald Toyce Johnson

22.	Have you stored property in a storage unit or p	place other than your home within 1	year before you filed for bankruptcy?	?
	■ No □ Yes. Fill in the details.			
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
Par	t 9: Identify Property You Hold or Control for	Someone Else		
23.	Do you hold or control any property that some for someone.	one else owns? Include any proper	rty you borrowed from, are storing for	, or hold in trust
	■ No □ Yes. Fill in the details.			
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
Par	t 10: Give Details About Environmental Inform	nation		
For	the purpose of Part 10, the following definitions	s apply:		
	Environmental law means any federal, state, of toxic substances, wastes, or material into the a regulations controlling the cleanup of these su	air, land, soil, surface water, ground		
	Site means any location, facility, or property as to own, operate, or utilize it, including disposa	•	law, whether you now own, operate, o	or utilize it or used
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or		s waste, hazardous substance, toxic s	substance,
Rep	ort all notices, releases, and proceedings that y	ou know about, regardless of whe	n they occurred.	
24.	Has any governmental unit notified you that yo	ou may be liable or potentially liable	under or in violation of an environme	ental law?
	■ No □ Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice
25.	Have you notified any governmental unit of any	y release of hazardous material?		
	■ No □ Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice
26.	Have you been a party in any judicial or admin	istrative proceeding under any env	ironmental law? Include settlements a	and orders.
	■ No □ Yes. Fill in the details.			
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
Par	t 11: Give Details About Your Business or Co	nnections to Any Business		
27.	Within 4 years before you filed for bankruptcy,  ☐ A sole proprietor or self-employed in a	•		business?
	☐ A member of a limited liability company			
Ott:	04-4-m	of Financial Affairs for Individuals Film	• • •	

Deb	tor 1	Case 19-526//-JWC DOC		age 14 of 61	e number (if known)
Den	ioi i	Emerald Toyce Johnson		Cas	e number ( <i>ii known</i> )
		☐ A partner in a partnership			
		☐ An officer, director, or managing ex	ecutive of a corporation		
		lacksquare An owner of at least 5% of the votin	g or equity securities of a	corporation	
		No. None of the above applies. Go to I	Part 12.		
		Yes. Check all that apply above and fill	in the details below for e	ach business.	
		siness Name	Describe the nature of the	ne business	Employer Identification number
		Iress nber, Street, City, State and ZIP Code)	Name of accountant or I	oookkeeper	Do not include Social Security number or ITIN.
					Dates business existed
		in 2 years before you filed for bankrupt tutions, creditors, or other parties.	cy, did you give a financia	al statement to an	yone about your business? Include all financial
		No			
		Yes. Fill in the details below.			
	Nan	ne dress	Date Issued		
		nber, Street, City, State and ZIP Code)			
Par	12:	Sign Below			
are t	rue a a ba		false statement, conceali	ng property, or ob	eclare under penalty of perjury that the answers staining money or property by fraud in connection rs, or both.
		rald Toyce Johnson			
		d Toyce Johnson re of Debtor 1	Signature of De	btor 2	
Date	e <u>F</u>	ebruary 18, 2019	Date		
Did y	ou a	nttach additional pages to Your Stateme	ent of Financial Affairs for	Individuals Filing	for Bankruptcy (Official Form 107)?

- No
- ☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

### Case 19-52677-jwc Doc 1 Filed 02/18/19 Entered 02/18/19 15:11:10 Desc Main

		Document	Page 15 of 61		
Fill in this inf	ormation to identify you	r case and this filing:			
Debtor 1	Emerald Tayon I	lahnaan			
Debior i	Emerald Toyce J	Middle Name	Last Name		
Debtor 2	T HOL MAINE	.madic Hame	2dot Hamo		
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the:	NORTHERN DISTRICT OF G	SEORGIA		
Case number					☐ Check if this is an
					amended filing
Official F	orm 106A/B				
Schedu	ıle A/B: Pro	perty			12/15
hink it fits best nformation. If n Answer every qu	. Be as complete and accu nore space is needed, attac uestion.	ibe items. List an asset only once. rate as possible. If two married per th a separate sheet to this form. Or	ople are filing together, both a n the top of any additional pag	re equally responsible for s	supplying correct
Part 1: Descri	be Each Residence, Buildir	ng, Land, or Other Real Estate You	Own or Have an Interest In		
. Do you own	or have any legal or equital	ole interest in any residence, buildi	ing, land, or similar property?		
No. Go to	Part 2.				
☐ Yes. When	re is the property?				
Part 2: Descri	be Your Vehicles				
3. Cars, vans, □ No ■ Yes	, trucks, tractors, sport (	utility vehicles, motorcycles			
3.1 Make:	Toyota	Who has an interest in	n the property? Check one	Do not deduct secured	claims or exemptions. Put
	Camry		Title property: Check one		red claims on Schedule D:
Model:	2011	Debtor 1 only		Creditors Willo Have Cit	aims Secured by Property.
Year:		Debtor 2 only		Current value of the	Current value of the
• •		B0000 Debtor 1 and Debtor	•	entire property?	portion you own?
Other in	formation:	At least one of the d	ebtors and another		
		Check if this is cor	nmunity property	\$5,375.00	\$5,375.00
Examples: B  No Yes  Add the do pages you	Boats, trailers, motors, per bilar value of the portion have attached for Part	ATVs and other recreational vessels, sonal watercraft, fishing vessels, a you own for all of your entries. Write that number here	, snowmobiles, motorcycle a	y entries for	\$5,375.00  Current value of the portion you own?
Househel-	goods and furnishings				Do not deduct secured claims or exemptions.
. Household	goods and furnishings				

Examples: Major appliances, furniture, linens, china, kitchenware

□ No

Official Form 106A/B Schedule A/B: Property

	Case 19-52677-jwc	Desc Main
Debtor 1	Emerald Toyce Johnson Case number (if known)	
■ Yes.	Describe	
	Electronics, Household Goods, and Furnishings	\$2,000.00
■ No	<b>nics</b> les: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music co including cell phones, cameras, media players, games Describe	llections; electronic devices
	bles of value	
Example ■ No	les: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, other collections, memorabilia, collectibles  Describe	or baseball card collections;
	ent for sports and hobbies	
Example No	les: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes a musical instruments  Describe	nd kayaks; carpentry tools;
■ No	oles: Pistols, rifles, shotguns, ammunition, and related equipment	
	Describe	
□ No	s   bles: Everyday clothes, furs, leather coats, designer wear, shoes, accessories  Describe	
	Clothing and Shoes	\$500.00
□ No	Dies: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, go Describe	
	Jewelry	\$500.00
Exam <sub>i</sub> ■ No □ Yes.  14. Any of ■ No	rm animals bles: Dogs, cats, birds, horses  Describe her personal and household items you did not already list, including any health aids you did not list  Give specific information	
<b>ப</b> 165.	г	
	the dollar value of all of your entries from Part 3, including any entries for pages you have attached art 3. Write that number here	\$3,000.00
	scribe Your Financial Assets	
Do you ov	vn or have any legal or equitable interest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.

Official Form 106A/B Schedule A/B: Property page 2

	Case 19-52677-jwc Doo	c 1 Filed 02/18/19 Document	Entered 02/18/19 15:11:10	Desc Main
Debtor 1	Emerald Toyce Johnson	Document	Page 17 of 61  Case number (if known)	
☐ No	<i>mples:</i> Money you have in your wallet, ir	n your home, in a safe depos	sit box, and on hand when you file your petition	
			Cash on Hand	\$5.00
	institutions. If you have multiple a		deposit; shares in credit unions, brokerage h tution, list each.	nouses, and other similar
	S	Institution na	me:	
	17.1. Checking	g & Savings Account win	th BB&T	\$820.00
<i>Exa</i> ■ No			ey market accounts	
19. <b>Non-</b>	publicly traded stock and interests in tventure	n incorporated and uninco	rporated businesses, including an interes	t in an LLC, partnership, and
☐ Ye	s. Give specific information about them. Name of entity:		% of ownership:	
Neg Non ■ No	s. Give specific information about them	ecks, cashiers' checks, prom	issory notes, and money orders.	
	-	401(k), 403(b), thrift savings	accounts, or other pension or profit-sharing	plans
■ Ye	s. List each account separately.  Type of account:	Institution na	me:	
	403b	Retirement	Account	\$6,000.00
You	, , , ,		nue service or use from a company ric, gas, water), telecommunications compar	nies, or others
	S	Institution na	me or individual:	
23. <b>Ann</b>	uities (A contract for a periodic payment	t of money to you, either for l	ife or for a number of years)	
	ss Issuer name and descr	•		
26 U. ■ No	S.C. §§ 530(b)(1), 529A(b), and 529(b)(	(1).	gram, or under a qualified state tuition pro	
	<b></b>		e records of any interests.11 U.S.C. § 521(c):	
25. <b>Trus</b> ■ No		operty (other than anything	listed in line 1), and rights or powers exe	rcisable for your benefit

 $\hfill \square$  Yes. Give specific information about them...

Debtor	Case 19-5267  1 Emerald Toyce J	•	Doc 1	Filed 02/18/19 Document F	Page 18 of 61	(18/19 15:11:10) Ease number (if known)	Desc Main
					_		
Ex ■ N	ents, copyrights, trade amples: Internet domain o es. Give specific informa	names, we	ebsites, prod			ts	
	enses, franchises, and amples: Building permits				noldings, liquor licens	es, professional licenses	
■ N □ Y	o es. Give specific inform	ation about	t them				
Money	or property owed to yo	ou?					Current value of the portion you own? Do not deduct secured claims or exemptions.
28. <b>Tax</b>	refunds owed to you						ciains of exemptions.
<b>■</b> Y	es. Give specific informa	ation about	them, include	ding whether you alread	ly filed the returns and	d the tax years	
						]	
			Anticipa	ated 2018 Tax Refun	d	Federal & State	\$1,800.0
ΠY	es. Give specific informa	ation					
30. Oth Ex  ■ N □ Y  31. Inte	er amounts someone of amples: Unpaid wages, of benefits; unpaid of es. Give specific informations arests in insurance poli	owes you disability in: I loans you ation	made to so	meone else		pay, workers' compensions	
30. Oth Ex  ■ N □ Y  31. Inte	per amounts someone of amples: Unpaid wages, of benefits; unpaid of es. Give specific informations amples: Health, disability of	owes you disability in: I loans you ation cies v, or life ins	made to so	meone else alth savings account (HS			
30. Oth Ex  ■ N □ Y  31. Inte	er amounts someone of amples: Unpaid wages, of benefits; unpaid of es. Give specific informations in the control of the contro	owes you disability in: I loans you ation cies v, or life ins	made to so urance; hea	meone else alth savings account (HS		er's, or renter's insurance	
30. Oth Ex  ■ N □ Y  31. Inte Ex ■ N □ Y  32. Any sol	er amounts someone of amples: Unpaid wages, of benefits; unpaid of es. Give specific informations amples: Health, disability of es. Name the insurance of interest in property the outage of the beneficiary of meone has died.	cies  company company at is due y a living tru	urance; head of each policy name:	alth savings account (HSc) and list its value.	SA); credit, homeown Benefician	er's, or renter's insurance	Surrender or refund value:
30. Oth Ex  N N Y  31. Inte Ex  N N Y  32. Any sol	er amounts someone of amples: Unpaid wages, of benefits; unpaid of es. Give specific informations amples: Health, disability of es. Name the insurance of interest in property the outage of the beneficiary of meone has died.  Of es. Give specific informations against third particularly of ims against third particularly of instance	bwes you disability inside ation  cies of, or life inside ation Company at is due y a living true ation  es, whethe oyment dis	urance; head of each policy name:  you from so list, expect policy are or not you	alth savings account (HS cy and list its value.  comeone who has died broceeds from a life insu	SA); credit, homeown Beneficiary rance policy, or are c	er's, or renter's insurance y: currently entitled to receiv	Surrender or refund value:
30. Oth Ex  N   Y   31. Inte Ex  N   Y   32. Any   If y   soir   X   Soir   X	er amounts someone of amples: Unpaid wages, of benefits; unpaid of es. Give specific informations amples: Health, disability of es. Name the insurance of interest in property the outage are the beneficiary of meone has died.  Of es. Give specific informations against third particular ples: Accidents, emplotes. Describe each claim of the contingent and unlike of	cies  company company at is due y a living tru ation  cs, whethe oyment dis cuidated c	urance; head of each policy name:  you from so list, expect policy are or not you putes, insur	alth savings account (HScy and list its value.  comeone who has died broceeds from a life insurance claims, or rights to	SA); credit, homeowned Beneficiary rance policy, or are controlled to sue	er's, or renter's insurance y: currently entitled to receiv	Surrender or refund value:
30. Oth Ex  N   Y   31. Inte Ex  N   Y   32. Any   If y   Sol   N   Y   33. Cla   Ex  N   Y   34. Oth   N   Y	er amounts someone of amples: Unpaid wages, of benefits; unpaid of es. Give specific informations amples: Health, disability of es. Name the insurance of interest in property the outage amples amples died.  The interest in property the outage of the beneficiary of meone has died.  The interest in property the outage of the beneficiary of meone has died.  The interest in property the outage of the beneficiary of meone has died.  The interest in property the outage of the beneficiary of meone has died.  The interest in property the outage of the beneficiary of meone has died.  The interest in property the outage of the beneficiary of meone has died.  The interest in property the outage of the beneficiary of meone has died.	bwes you disability ins I loans you ation  cies y, or life ins company company at is due y a living tru ation  es, whethe oyment dis quidated c	urance; head of each policy name:  you from so list, expect policy or not you putes, insured the solution of every series of every series.	alth savings account (HScy and list its value.  comeone who has died broceeds from a life insurance claims, or rights to	SA); credit, homeowned Beneficiary rance policy, or are controlled to sue	er's, or renter's insurance y: currently entitled to receiv or payment	Surrender or refund value:

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Debtor 1	Emerald Tayon Johnson	Document	Page 19 of 61 Case number (if known)	
Debioi	Emerald Toyce Johnson		Case number (# known)	
	d the dollar value of all of your entries Part 4. Write that number here		any entries for pages you have attached	\$8,625.00
Part 5:	Describe Any Business-Related Property Yo	u Own or Have an Intere	st In. List any real estate in Part 1.	
37. <b>Do yo</b>	u own or have any legal or equitable interes	t in any business-related	d property?	
■ No.	Go to Part 6.			
☐ Yes	. Go to line 38.			
	Describe Any Farm- and Commercial Fishing If you own or have an interest in farmland, list it		Own or Have an Interest In.	
16. <b>Do y</b>	ou own or have any legal or equitable	interest in any farm- c	or commercial fishing-related property?	
	lo. Go to Part 7.			
□ Y	es. Go to line 47.			
Part 7:	Describe All Property You Own or Have	an Interest in That You	Did Not List Above	
53 <b>Do v</b>	ou have other property of any kind you	ı did not already list?		
	mples: Season tickets, country club meml			
■ No				
☐ Ye	s. Give specific information			
54 <b>Ad</b>	d the dollar value of all of your entries	from Part 7 Write tha	t number bere	\$0.00
54. Au	u the donar value of all of your entires	Homi alt 7. Wille tha	Trumber nere	φ0.00
Part 8:	List the Totals of Each Part of this Form			
55. <b>Pa</b> ı	rt 1: Total real estate, line 2			\$0.00
56. <b>Pa</b> i	rt 2: Total vehicles, line 5		\$5,375.00	
57. <b>Pa</b> i	rt 3: Total personal and household iten	ıs, line 15	\$3,000.00	
58. <b>Pa</b> i	rt 4: Total financial assets, line 36	_	\$8,625.00	
59. <b>Pa</b> ı	rt 5: Total business-related property, lii	ne 45	\$0.00	

\$0.00

\$0.00

Copy personal property total

\$17,000.00

Official Form 106A/B Schedule A/B: Property page 5

60. Part 6: Total farm- and fishing-related property, line 52

Total personal property. Add lines 56 through 61...

63. Total of all property on Schedule A/B. Add line 55 + line 62

61. Part 7: Total other property not listed, line 54

\$17,000.00

\$17,000.00

## Case 19-52677-jwc Doc 1 Filed 02/18/19 Entered 02/18/19 15:11:10 Desc Main Document Page 20 of 61

Fill in this infor	mation to identify your	case:		
Debtor 1	Emerald Toyce Jo	hnson		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF GEORGIA	
Case number				
(if known)				☐ Check if this is an amended filing

#### Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and li Schedule A/B that lists this property	ne on Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
2011 Toyota Camry 130000 mile	s \$5,375.00		\$0.00	O.C.G.A. § 44-13-100(a)(3)
Ellie Holli Gonedale AVB. G. 1		100% of fair market value, up any applicable statutory limit		
Electronics, Household Goods, a	and \$2,000.00		\$2,000.00	O.C.G.A. § 44-13-100(a)(4)
Line from <i>Schedule A/B</i> : 6.1			100% of fair market value, up to any applicable statutory limit	
Clothing and Shoes Line from Schedule A/B: 11.1	\$500.00		\$500.00	O.C.G.A. § 44-13-100(a)(4)
Ellic Holli Gonedale Av.B. 11.1			100% of fair market value, up to any applicable statutory limit	
Jewelry Line from Schedule A/B: 12.1	\$500.00		\$500.00	O.C.G.A. § 44-13-100(a)(5)
Ellie Holli Gonedale Av.B. 12.1			100% of fair market value, up to any applicable statutory limit	
Cash on Hand Line from Schedule A/B: 16.1	\$5.00		\$5.00	O.C.G.A. § 44-13-100(a)(6)
Ente from Schedule PVD. 10.1			100% of fair market value, up to any applicable statutory limit	

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Emerald Toyce Johnson Case number (if known)

**Emerald Toyce Johnson** Debtor 1 Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Checking & Savings: Account with O.C.G.A. § 44-13-100(a)(6) \$820.00 \$820.00 BB&T 100% of fair market value, up to Line from Schedule A/B: 17.1 any applicable statutory limit 403b: Retirement Account O.C.G.A. § 44-13-100(a)(2.1) \$6,000.00 \$6,000.00 Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit Federal & State: Anticipated 2018 Tax O.C.G.A. § 44-13-100(a)(6) \$1,800.00 \$1,800.00 Refund Line from Schedule A/B: 28.1 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes

Case	19-52677-jwc		ed 02/18/19		ed 02/18/19 1	5:11:10 Desc	: Main
Fill in this informa	ation to identify you		cument P	age 22	01.6.1		
	ation to identify you	di casc.					
Debtor 1	Emerald Toyce			ant Name			
Dobtor 2	First Name	Middle Name	Lâ	ast Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name	La	ast Name			
United States Bank	kruptcy Court for the	: NORTHERN DI	STRICT OF GEOR	RGIA			
Case number							
(if known)						☐ Check	c if this is an
						_	ded filing
Official Form Schedule [		s Who Have	Claims Se	ecured	by Propert	v	12/15
						-	
						ipplying correct informa nal pages, write your na	
number (if known).		,				pg, ,	
<ol> <li>Do any creditors h</li> </ol>	ave claims secured b	y your property?					
□ No. Check t	his box and submit t	his form to the court	with your other sch	nedules. Yo	u have nothing else t	o report on this form.	
■ Yes. Fill in a	all of the information	below.					
Part 1: List All	Secured Claims						
			Total Park discount Pro-		Column A	Column B	Column C
		more than one secured s a particular claim, list			Amount of claim	Value of collateral	Unsecured
much as possible, list	the claims in alphabet	ical order according to t	he creditor's name.		Do not deduct the value of collateral.	that supports this claim	portion If any
2.1 EXETER FI	NANCE LLC	Describe the proper	ty that secures the	claim:	\$9,213.00	\$5,375.00	\$3.838.00
Creditor's Name		2011 Toyota Car	-		<del>+++++++++++++++++++++++++++++++++++++</del>	<del></del>	Ψο,σοσισο
			,				
		As of the date you f	ile the claim is: Cho	ck all that			
PO BOX 16		apply.	ne, the claim is. Che	ck all that			
IRVING, TX	75016	□ Contingent					
Number, Street, C	City, State & Zip Code	☐ Unliquidated					
		☐ Disputed					
Who owes the deb	t? Check one.	Nature of lien. Che	ck all that apply.				
Debtor 1 only		An agreement you	u made (such as mor	tgage or secu	ured		
Debtor 2 only		car loan)					
Debtor 1 and Deb	tor 2 only	☐ Statutory lien (suc	ch as tax lien, mechar	nic's lien)			
_	debtors and another	☐ Judgment lien from	m a lawsuit	·			
☐ Check if this clai		Other (including a	right to offset)				
	Opened 2/15/2013						

\$9,213.00 Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages. \$9,213.00 Write that number here:

Last 4 digits of account number

### Part 2: List Others to Be Notified for a Debt That You Already Listed

Last Active

Date debt was incurred 12/10/2018

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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		Document	Page	23 of 6	31		
Fill in this info	rmation to identify your case:						
Debtor 1	Emerald Toyce Johnson						
		liddle Name	Last Name	)			
Debtor 2							
(Spouse if, filing)	First Name M	liddle Name	Last Name	)			
United States E	Bankruptcy Court for the: NORT	HERN DISTRICT OF G	EORGIA				
Case number							
(if known)						_	ck if this is an nded filing
Official For	rm 106E/F						J
	E/F: Creditors Who H	ave Unsecured	Claim	S			12/15
Schedule D: Cred left. Attach the Co	cutory Contracts and Unexpired Leas ditors Who Have Claims Secured by F ontinuation Page to this page. If you umber (if known).	Property. If more space is	needed, co	py the Part	you need, fill it out, i	number the entries	s in the boxes on the
Part 1: List	All of Your PRIORITY Unsecured	d Claims					
1. Do any cred	itors have priority unsecured claims	against you?					
☐ No. Go to	Part 2.						
Yes.							
identify what possible, list	our priority unsecured claims. If a cree type of claim it is. If a claim has both pr the claims in alphabetical order accordi to than one creditor holds a particular cl	iority and nonpriority amoun ng to the creditor's name. If	nts, list that of f you have m	laim here a	nd show both priority a	nd nonpriority amo	unts. As much as
(For an expla	anation of each type of claim, see the in-	structions for this form in the	e instruction	booklet.)			
					Total claim	Priority amount	Nonpriority amount
2.1 Georg	ia Department of Revenue	Last 4 digits of accou	ınt number	SSN	\$0.00	\$0.0	
Priority ( 1800 (	Creditor's Name Century Blvd NE Suite 910	When was the debt in					
	a, GA 30345 Street City State Zlp Code	As of the date you file	e. the claim	is: Check a	all that apply		
	red the debt? Check one.	☐ Contingent	o,o o.a		u.a. app.y		
■ Debtor	1 only	☐ Unliquidated					
☐ Debtor 2	2 only	☐ Disputed					
☐ Debtor 1	1 and Debtor 2 only	Type of PRIORITY un	secured cla	im:			
_	one of the debtors and another	☐ Domestic support o	bligations				
☐ Check i	f this claim is for a community debt	Taxes and certain of	other debts y	ou owe the	government		
	n subject to offset?	Claims for death or					
■ No		☐ Other. Specify					
☐ Yes			axes				

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Debtor 1 Emerald Toyce Johnson		Case number (if known)	
2.2 IRS Priority Creditor's Name	Last 4 digits of account number	SSN \$0.00	\$0.00
Centralized Insolvency Operations P.O. Box 7346 Philadelphia, PA 19101-7346	When was the debt incurred?		_
Number Street City State Zlp Code	As of the date you file, the claim is	s: Check all that apply	
Who incurred the debt? Check one.	☐ Contingent		
■ Debtor 1 only	☐ Unliquidated		
☐ Debtor 2 only	☐ Disputed		
Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim	m:	
☐ At least one of the debtors and another	☐ Domestic support obligations		
☐ Check if this claim is for a community debt	■ Taxes and certain other debts yo	u owe the government	
Is the claim subject to offset?	Claims for death or personal inju		
■ No	Other. Specify		
Yes	Taxes		
<ol> <li>List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2.</li> </ol>	laim. For each claim listed, identify wha	t type of claim it is. Do not list of	claims already included in Part 1. If more
4.1 AT&T	Last 4 digits of account numbe	_	
Nonpriority Creditor's Name		·	\$47.00
P.O. Box 5014	When was the debt incurred?		
Carol Stream, IL 60197  Number Street City State Zlp Code	As of the date you file, the clair	n is: Check all that apply	
Who incurred the debt? Check one.	· · · · · · · · · · · · · · · · · · ·	an that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecu	ed claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt	Obligations arising out of a se	paration agreement or divorce	that you did not
Is the claim subject to offset?	report as priority claims  Debts to pension or profit-sha	ring plans, and other similar de	hto
■ No		ning pians, and other similar de	UIS
☐ Yes	■ Other. Specify Bill		

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Debto	or 1 Emerald Toyce Johnson	Case number (if known)	
4.2 Capital Management Services, LP  Nonpriority Creditor's Name		Last 4 digits of account number	\$306.00
	698 1/2 S. Ogden St. Buffalo, NY 14206	When was the debt incurred?	
Number Street City State Zlp Code		As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?		
	■ No	report as priority claims  ☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes		
	Li res	Other. Specify Collection for Discover Bank Card	
4.3	CAPITAL ONE BANK USA NA	Last 4 digits of account number	\$443.00
	Nonpriority Creditor's Name	Opened 8/9/2017 Last Active	
	PO BOX 30281 SALT LAKE CITY, UT 84130	When was the debt incurred? 10/6/2018	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	□ Yes	■ Other. Specify Credit Card	
4.4	Care Credit	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name PO BOX 960061	When was the debt incurred?	
	Orlando, FL 32896  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the damins. Oncok an that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	□ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims  ☐ Debts to pension or profit-sharing plans, and other similar debts	
	■ No		
	☐ Yes	■ Other. Specify Charge	

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Debtor 1 Emerald Toyce Johnson ase number (if known) 4.5 \$0.00 Chex Systems Inc. Last 4 digits of account number Nonpriority Creditor's Name 7805 Hudson Rd. When was the debt incurred? Suite 100 Saint Paul, MN 55125 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts No ■ Other. Specify Collection ☐ Yes 4.6 Comcast Last 4 digits of account number \$0.00 Nonpriority Creditor's Name When was the debt incurred? P.O. Box 196 Newark, NJ 07101-0196 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Cable ☐ Yes 4.7 COMENITY BANK/LNBRYANT Last 4 digits of account number \$531.00 Nonpriority Creditor's Name Opened 6/10/2015 Last Active PO BOX 182789 1/5/2019 When was the debt incurred? COLUMBUS, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes

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Debtor 1	Emerald Toyce Johnson	Case number (if known)		
4.8	Country Financial	Last 4 digits of account number	\$0.00	
	Nonpriority Creditor's Name		***	
	1701 N Towanda Ace	When was the debt incurred?		
Bloomington, IL 61701-2057  Number Street City State Zlp Code		As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	□ Unliquidated		
	Debtor 1 and Debtor 2 only	□ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	_	Student loans		
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not		
1	Is the claim subject to offset?	report as priority claims		
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts		
	☐ Yes	■ Other. Specify Charge		
			•	
4.9	CREDIT COLL	Last 4 digits of account number	\$180.00	
	Nonpriority Creditor's Name	•	·	
	PO BOX 607	When was the debt incurred? Opened 5/7/2018		
-	NORWOOD, MA 02062  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.	, , , , , , , , , , , , , , , , , , , ,		
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	☐ Student loans		
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not		
ļ	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharing plans, and other similar debts		
	Yes	Other. Specify Collection		
4.1	Credit Collection Services	Last 4 digits of account number	\$0.00	
	Nonpriority Creditor's Name			
	2 Wells Avenue Newton Center, MA 02459	When was the debt incurred?		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.	, ,		
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	☐ Student loans		
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not		
	Is the claim subject to offset?			
	No	<ul> <li>□ Debts to pension or profit-sharing plans, and other similar debts</li> <li>■ Other. Specify</li> </ul> Collection		
	☐ Yes			

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Last 4 digits of account number Nonpriority Creditor's Name 4361 Main St. When was the debt incurred? Zachary, LA 70791 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify Loan

Delta Financial

\$0.00

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Debtor 1 Emerald Toyce Johnson ase number (if known) 4.1 Dentistry of Camp Creek \$0.00 Last 4 digits of account number 4 Nonpriority Creditor's Name 3515 Camp Creek Parkway When was the debt incurred? Suite 100 East Point, GA 30344 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Medical 4.1 DEPT OF ED / NELNET \$45,484.00 Last 4 digits of account number 5 Nonpriority Creditor's Name 3015 PARKER RD 400 When was the debt incurred? Opened 2/15/2010 AURORA, CO 80014 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent □ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Student 4.1 \$0.00 Directv Last 4 digits of account number 6 Nonpriority Creditor's Name P.O.Box 78627 When was the debt incurred? Phoenix, AZ 85062 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

■ Other. Specify Satellite Bill

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Debtor 1 Emerald Toyce Johnson Case number (if known) 4.1 Discover Bank \$0.00 Last 4 digits of account number Nonpriority Creditor's Name 556 N. McDonough St When was the debt incurred? Decatur, GA 30030-3308 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No Other. Specify Credit Card ☐ Yes 4.1 DISCOVER FINANCIAL SERVI \$305.00 Last 4 digits of account number 8 Nonpriority Creditor's Name Opened 7/27/2016 Last Active PO BOX 15316 When was the debt incurred? 7/24/2018 WILMINGTON, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Secured Credit Card Other. Specify 4.1 DIVERSIFIED CONSULTANTS INC \$169.00 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 551268 When was the debt incurred? Opened 10/5/2018 JACKSONVILLE, FL 32255 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection

☐ Yes

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debt

■ No

☐ Yes

Is the claim subject to offset?

report as priority claims

☐ Obligations arising out of a separation agreement or divorce that you did not

☐ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Collection for Emory Healthcare

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Deb	for 1 Emerald Toyce Johnson	Case number (if known)		
4.2 3	Invitation Homes	Last 4 digits of account number	\$1,720.00	
	Nonpriority Creditor's Name 950 N Point PkwySte 350 Alpharetta, GA 30005	When was the debt incurred?		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	$\square$ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts		
	☐ Yes	■ Other. Specify charge		
4.2	MERRICK BANK		\$1,713.00	
4	Nonpriority Creditor's Name	Last 4 digits of account number	ψ1,713.00	
	10705 S JORDAN GATEWAY 200 S JORDAN, UT 84095	Opened 5/4/2017 Last Active 1/11/2019		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	At least one of the debtors and another  Type of NONPRIORITY unsecured claim:		
	$\square$ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	No	☐ Debts to pension or profit-sharing plans, and other similar debts		
	☐ Yes	Other. Specify Credit Card		
	1 163	other. Specify Cloud Curd		
4.2 5	NAVIENT	Last 4 digits of account number	\$3,184.00	
	Nonpriority Creditor's Name PO BOX 9500 WILKES BARRE, PA 18773	When was the debt incurred? Opened 3/31/2008		
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Type of NONDRIORITY unacquired claims		
	☐ At least one of the debtors and another			
	☐ Check if this claim is for a community	Student loans		
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not		
	Is the claim subject to offset?  ■ No	report as priority claims  Debts to pension or profit-sharing plans, and other similar debts		
	■ No □ Yes			
	⊔ Yes	Other. Specify Student		
		Olddon		

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Debtor 1 Emerald Toyce Johnson 4.2 NCO Financial \$0.00 Last 4 digits of account number 6 Nonpriority Creditor's Name P.O. Box 41457 When was the debt incurred? Philadelphia, PA 19101 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical Debt ☐ Yes 4.2 PAYLEASE, LLC. \$0.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 6/8/2016 Last Active 9330 SCRANTON RD 450 When was the debt incurred? 9/14/2016 SAN DIEGO, CA 92121 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Rental Agreement Other. Specify 4.2 Portfolio Recovery Assoc. \$0.00 Last 4 digits of account number 8 Nonpriority Creditor's Name 140 CORPORATE BLVD. When was the debt incurred? Norfolk, VA 23502 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection ☐ Yes

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Page 34 of 61 Case number (if known) Debtor 1 Emerald Toyce Johnson 4.2 State Farm Insurance \$0.00 Last 4 digits of account number 9 Nonpriority Creditor's Name PO Box 588002 When was the debt incurred? North Metro, GA 30029 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Insurance 4.3 SYNCB/CARE CREDIT \$0.00 Last 4 digits of account number 0 Nonpriority Creditor's Name PO BOX 965036 When was the debt incurred? Opened 5/7/2013 ORLANDO, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes 4.3 U.S. DEPT OF ED - DIRECT \$0.00 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 5609 When was the debt incurred? Opened 6/5/2000 GREENVILLE, TX 75403 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ☐ Other. Specify

Student

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Document Debtor 1 Emerald Toyce Johnson ase number (if known) 4.3 Wells Fargo \$100.00 Last 4 digits of account number 2 Nonpriority Creditor's Name P.O. Box 3009 When was the debt incurred? Langhorne, PA 19047 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Bank Fees ☐ Yes 4.3 WELLS FARGO CARD SERVICE Last 4 digits of account number \$157.00 Nonpriority Creditor's Name Opened 3/11/2015 Last Active PO BOX 14517 When was the debt incurred? 8/31/2018 DES MOINES, IA 50306 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Secured Credit Card Other. Specify Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Part 4: Add the Amounts for Each Type of Unsecured Claim 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total Claim** 6a. **Domestic support obligations** 6a. 0.00 Total claims from Part 1 Taxes and certain other debts you owe the government 6b. 6b. 0.00 Claims for death or personal injury while you were intoxicated 6c. 6c. 0.00 6d Other. Add all other priority unsecured claims. Write that amount here. 6d 0.00 6e. Total Priority. Add lines 6a through 6d. 6e. 0.00

Total claims from Part 2

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Obligations arising out of a separation agreement or divorce that

Debts to pension or profit-sharing plans, and other similar debts

6f

6a

Student loans

you did not report as priority claims

**Total Claim** 

48,668.00

0.00

6f

6g.

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Debtor 1 Emerald Toyce Johnson

0.00 6i. 7,175.00

Other. Add all other nonpriority unsecured claims. Write that amount

Total Nonpriority. Add lines 6f through 6i.

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Fill in this infor	mation to identify your	case:		
Debtor 1	Emerald Toyce Jo	hnson		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF GEORGIA	
Case number				
(if known)		<del></del>		☐ Check if this is an amended filing

### Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 Lashaun Baker P.O. Box 91 Morrow, GA 30260	Residential Lease

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		Documei	nt Page 38 d	of 61	
Fill in thi	s information to identify your	case:			
Dobtor 1	Emandal Tayon Ja	hann			
Debtor 1	Emerald Toyce Jo	Middle Name	Last Name		
Debtor 2					
(Spouse if, fi	ling) First Name	Middle Name	Last Name		
United St	ates Bankruptcy Court for the:	NORTHERN DISTRICT	OF GEORGIA		
		_			
Case nun	nber				Charle if this is an
(II KIIOWII)					Check if this is an amended filing
					amended ming
Officia	al Form 106H				
Sche	dule H: Your Cod	ebtors			12/15
1. Do	es  Ithin the last 8 years, have you na, California, Idaho, Louisiana b. Go to line 3. es. Did your spouse, former spo  Solumn 1, list all of your codeb ne 2 again as a codebtor only is	you are filing a joint case, during a lived in a community property of the property of the property of the person is a guarant.	operty state or territor into Rico, Texas, Wash with you at the time? spouse as a codebtor or or cosigner. Make	ry? (Community property iington, and Wisconsin.) r if your spouse is filing sure you have listed the	with you. List the person shown e creditor on Schedule D (Official
	n 106D), Schedule E/F (Officia Column 2.	l Form 106E/F), or Schedu	le G (Official Form 10	06G). Use Schedule D, S	Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor	UD O. I			ditor to whom you owe the debt
	Name, Number, Street, City, State and Z	IP Code		Check all schedules	s that apply:
3.1				☐ Schedule D, line	
3.1	Name			_ <u>_</u>	
				☐ Schedule E/F, lin	
				☐ Schedule G, line	<u> </u>
	Number Street			<del>_</del>	
	City	State	ZIP Code		
				Под 11 5 ::	
3.2	Name			Schedule D, line	
	raino			☐ Schedule E/F, lir	
				☐ Schedule G, line	·
	Number Street			_	
	City	State	ZIP Code		

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C:II	in this information to identify your a					1				
	in this information to identify your captor 1  Emerald Toy									
	otor 2 use, if filing)									
Uni	ted States Bankruptcy Court for the	: NORTHERN DISTRIC	CT OF GEORGIA							
	se number 					☐ An		nt showing	postpetition co	hapter
0	fficial Form 106l					MN	Л / DD/ YY	ΥΥ	-	
S	chedule I: Your Inc	ome					.,,			12/15
sup spo atta	as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment	are married and not filing w	ng jointly, and your sith you, do not include	spouse de infor	is liv matio	ing with y on about y	ou, includ your spou	de informa ise. If more	ition about y e space is ne	our eeded,
1.	Fill in your employment information.		Debtor 1			ı	Debtor 2 (	or non-filir	ng spouse	
	If you have more than one job,			■ Employed			☐ Employed			
	attach a separate page with information about additional	Employment status	☐ Not employed			I	☐ Not em	ployed		
	employers.	Occupation	Patient Services	Coordii	nator	·				
	Include part-time, seasonal, or self-employed work.	Employer's name	Emory Health Ca							
	Occupation may include student or homemaker, if it applies.	Employer's address	550 Peachtree S Atlanta, GA 3030							
		How long employed t	here? 8 years				_			
Par	t 2: Give Details About Mor	nthly Income								
	mate monthly income as of the dause unless you are separated.	ate you file this form. If	you have nothing to re	eport for	any I	ine, write S	\$0 in the s	pace. Inclu	ıde your non-	filing
	u or your non-filing spouse have mo e space, attach a separate sheet to		ombine the information	n for all	emplo	oyers for th	nat person	on the line	es below. If yo	ou need
						For Debt	or 1	For Debt		
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	3,1	198.00	\$	N/A	
3.	Estimate and list monthly overt	ime pay.		3.	+\$		0.00	+\$	N/A	

Official Form 106I Schedule I: Your Income page 1

3,198.00

\$

N/A

Calculate gross Income. Add line 2 + line 3.

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Deb	tor 1	Emerald Toyce Johnson	_		Case	number (if known)				
	Con	by line 4 here	4.		For	Debtor 1 3,198.00		or Debtor on-filing s		
5.		all payroll deductions:			· —		· -			_
5.	5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify:	5a 5b 5c 5c 5f 5f 5g	). :. I. ).	\$	302.00 0.00 0.00 0.00 519.00 0.00 0.00 0.00	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		N/A N/A N/A N/A N/A N/A N/A	- - - - - -
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	821.00	\$_		N/A	<u>-</u>
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	2,377.00	\$_		N/A	<u>-</u>
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total			•					
	8b.	monthly net income.  Interest and dividends	8a 8b		\$ \$	0.00	\$ \$		N/A N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.			\$_ \$	0.00	\$_ \$		N/A	_
	8d.	Unemployment compensation	80	١.	\$	0.00	\$		N/A	_
	8e.	Social Security	86	<del>)</del> .	\$	0.00	\$		N/A	_
	8f. 8g. 8h.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  Pension or retirement income Other monthly income. Specify:  Oldest Daughter contribution	8f. 8g		\$_ \$_ \$_		\$_ \$_ + \$_		N/A N/A N/A	<u> </u>
		Mother contribution	_		\$_	200.00	\$_		N/A	
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	:	\$	400.00	\$_		N/A	A
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_		2,777.00 + \$_		N/A	= \$ _	2,777.00
11.	Inclu othe	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depe			•				0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies						e. 12.	\$	
13.	Do y ■	you expect an increase or decrease within the year after you file this form No.  Yes. Explain:	?						month	ly income

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Fill in this info	rmation to identify yo	ur oooo:					
					Oh	. If the in in .	
Debtor 1	Emerald Toyo	e Johnso	n			k if this is: An amended filing	
Debtor 2						A supplement show	ving postpetition chapter
(Spouse, if filing	1)				,	13 expenses as of	the following date:
United States Ba	ankruptcy Court for the:	NORTH	ERN DISTRICT OF GEOR	RGIA	1	MM / DD / YYYY	
Case number (If known)							
Official I	Form 106J						
Schedu	ile J: Your I	Expen	ses				12/
information. I number (if kn	If more space is nee nown). Answer ever	eded, attac y question	If two married people arch another sheet to this n.				
	escribe Your House joint case?	hold					
■ No. G	o to line 2. Does Debtor 2 live i	n a separa	ate household?				
	□ No		al Form 106J-2, <i>Expense</i> s	for Separate House	hold of Debte	or 2.	
2. Do you h	nave dependents?	□ No					
Do not lis	st Debtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
Do not st	tate the						□ No
depende	nts names.			Daughter			■ Yes
							□ No
							☐ Yes ☐ No
							□ No □ Yes
							□ No
							☐ Yes
expense	expenses include es of people other that and your depender	nan 🗖	No Yes				
Estimate you	of a date after the b	ur bankru	y Expenses iptcy filing date unless y y is filed. If this is a supp				
	such assistance and		government assistance in Iuded it on <i>Schedule I:</i> Y			Your exp	enses
	cal or home ownersl s and any rent for the		ses for your residence. In	nclude first mortgage	4. \$		1,500.00
If not inc	cluded in line 4:						
4a. Re	eal estate taxes				4a. \$		0.00
	operty, homeowner's	, or renter'	s insurance		4b. \$		0.00
	ome maintenance, re				4c. \$		0.00
	omeowner's associati				4d. \$		0.00
<ol><li>Addition</li></ol>	ıaı mortgage payme	nts for yo	ur residence, such as ho	me equity loans	5. \$		0.00

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Debt	or 1 Emerald Toyce Johnson	Case num	ber (if known)	
6.	Utilities:			
J.	6a. Electricity, heat, natural gas	6a.	\$	200.00
	6b. Water, sewer, garbage collection	6b.	· ·	30.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.		200.00
	6d. Other. Specify:	6d.		0.00
7.	Food and housekeeping supplies	7.		525.00
7. 8.	Childcare and children's education costs	7. 8.	\$	
			·	0.00
9.	Clothing, laundry, and dry cleaning	9.	\$	50.00
	Personal care products and services	10.		50.00
	Medical and dental expenses	11.	\$	25.00
2.	<b>Transportation.</b> Include gas, maintenance, bus or train fare.	12.	2	100.00
2	Do not include car payments.		·	
	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	· · —	0.00
	Charitable contributions and religious donations	14.	\$	0.00
15.	Insurance.			
	Do not include insurance deducted from your pay or included in lines 4 or 20.	150	¢	07.00
	15a. Life insurance	15a.		97.00
	15b. Health insurance	15b.		0.00
	15c. Vehicle insurance	15c.		0.00
	15d. Other insurance. Specify:	15d.	\$	0.00
6.	<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.	_		
	Specify:	16.	\$	0.00
17.	Installment or lease payments:	_		
	17a. Car payments for Vehicle 1	17a.	\$	0.00
	17b. Car payments for Vehicle 2	17b.	\$	0.00
	17c. Other. Specify:	17c.	\$	0.00
	17d. Other. Specify:	17d.	\$	0.00
8.	Your payments of alimony, maintenance, and support that you did not report as			
	deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
19.	Other payments you make to support others who do not live with you.		\$	0.00
	Specify:	19.		
20.	Other real property expenses not included in lines 4 or 5 of this form or on Sched		our Income.	
	20a. Mortgages on other property	20a.		0.00
	20b. Real estate taxes	20b.	·	0.00
	20c. Property, homeowner's, or renter's insurance	20c.		0.00
	20d. Maintenance, repair, and upkeep expenses	20d.		0.00
	20e. Homeowner's association or condominium dues	20a.		0.00
14			·	
۷٦.	Other: Specify:	21.	+\$	0.00
22.	Calculate your monthly expenses			
	22a. Add lines 4 through 21.		\$	2,777.00
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	2,111.00
			·	
	22c. Add line 22a and 22b. The result is your monthly expenses.		\$	2,777.00
23	Calculate your monthly net income.			
	23a. Copy line 12 <i>(your combined monthly income)</i> from Schedule I.	23a.	\$	2,777.00
	23b. Copy your monthly expenses from line 22c above.	23b.	·	2,777.00
	200. Copy your monumy expenses from the 220 above.	۷۵۵.	Ψ	2,111.00
	23c Subtract your monthly expenses from your monthly income			
	<ol> <li>Subtract your monthly expenses from your monthly income.</li> <li>The result is your monthly net income.</li> </ol>	23c.	\$	0.00
	The result is your monthly net income.		<u> </u>	
24.	Do you expect an increase or decrease in your expenses within the year after you	ı file this	form?	
	For example, do you expect to finish paying for your car loan within the year or do you expect your m			or decrease because of a
	modification to the terms of your mortgage?	5 5 1		
	■ No.			
	Yes. Explain here:			
	L 165.   LAPIGIT HOTE.			

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Fill in this informat	tion to identify your	rase.					
	Emerald Toyce John First Name	Middle Name		Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name		Last Name			
United States Bankr	uptcy Court for the:	NORTHERN DIST	RICT OF GE	ORGIA			
Case number							
(if known)							Check if this is an
						]	amended filing
000 1 1 5	400						
Official Forn						_	
Statement	of Intentio	n for Indiv	iduals	Filing Und	ler Chapt	er 7	12/15
If you are an individ	lual filing under chap	oter 7, you must fill	out this forn	n if:			
	laims secured by yo						
	personal property a			h l		-1 ( 1)	
	r is earlier, unless th						neeting of creditors, s and lessors you list
	le are filing together date the form.	in a joint case, bot	th are equally	/ responsible for su	upplying correct i	information	n. Both debtors must
	l accurate as possib name and case nun		needed, atta	ch a separate shee	et to this form. On	the top of	any additional pages,
Part 1: List Your	Creditors Who Have	Secured Claims					
			· Craditors W	ho Have Claims Se	ecured by Propert	ty (Official	Form 106D), fill in the
information below	N.					• `	, , , , , , , , , , , , , , , , , , ,
Identify the credit	tor and the property th	nat is collateral	what do you	ou intend to do with debt?	i the property tha		you claim the property exempt on Schedule C?
Creditor's EXE	TER FINANCE LLO		Surrend	er the property.			No
name:			Retain t	the property and rede		_ ,	V
Description of 2	2011 Toyota Camry	130000 miles		ne property and ente mation Agreement.	er into a	•	Yes
property	, ,			ne property and [exp	olain]:		
securing debt:							
	Unexpired Personal						
in the information b		l estate leases. Une	expired lease	es are leases that a	re still in effect; tl	he lease pe	(Official Form 106G), fill eriod has not yet ended.
Describe your une	xpired personal prop	erty leases				Will the	lease be assumed?
Lessor's name:	Lashaun Baker						
Ecosor s name.	Lasilauli Dakei					☐ No	
						Yes	
Description of lease Property:	d Residential Lea	se					
Part 3: Sign Belo	ow						

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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Deb	otor 1 _ <u> </u>	Emerald Toyce Johnson	Case number (if known)
	erty tha	Ity of perjury, I declare that I have indicant is subject to an unexpired lease.	ted my intention about any property of my estate that secures a debt and any personal
^	Emerald Toyce Johnson Signature of Debtor 1		Signature of Debtor 2
	Date	February 18, 2019	Date

## Case 19-52677-jwc Doc 1 Filed 02/18/19 Entered 02/18/19 15:11:10 Desc Main

Fill in this infor	mation to identify your	case:		
Debtor 1	Emerald Toyce Jo	hnson		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF GEORGIA	
Case number				
(if known)				☐ Check if th amended f

### Official Form 106Sum

### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	17,000.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	17,000.00
Part	2: Summarize Your Liabilities		
			<b>abilities</b> t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	9,213.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	55,843.00
	Your total liabilities	\$	65,056.00
Part	3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	2,777.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,777.00
Part	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sch	nedules.

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Emerald Toyce Johnson

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

3,598.55 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Tot	al claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	48,668.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	48,668.00

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							Ī	
Fill in th	nis information t	to identify your	case:					
Debtor 1		erald Toyce Jo		n				
<b>.</b>	First I	Name	Middle Name	L	ast Name			
Debtor 2 (Spouse if,		Name	Middle Name	L	ast Name			
	-							
United S	States Bankrupto	y Court for the:	NORTHERN DISTR	RICT OF GEOF	RGIA			
Case nu	ımber							
(if known)			<del></del>				☐ Check if this is	an
							amended filing	
Ott: -: -	J. Carres 400	·D						
	al Form 106							
Decl	laration	About a	an Individu	ıal Debi	or's Sch	nedules		12/15
			r, both are equally re	•				
You mus	st file this form	whenever you f	ile bankruptcy sched	dules or amend	led schedules. N	/laking a false sta	atement, concealing proper	ty, or
obtaining	g money or pro	perty by fraud i	n connection with a	bankruptcy ca	se can result in f	fines up to \$250,	000, or imprisonment for up	p to 20
years, or	both. 18 U.S.C	. 99 152, 1341,	1519, and 3571.					
	Sign Below	ı						
Did	l you pay or agr	ree to pay some	one who is NOT an	attorney to hel	p you fill out ban	nkruptcy forms?		
_	No							
-								
	Yes. Name of	person					ankruptcy Petition Preparer's on, and Signature (Official Fo	
						Deciaratio	on, and Signature (Official Fo	1111 119)
			that I have read the	summary and	schedules filed \	with this declara	tion and	
tnat	they are true a	na correct.						
X	/s/ Emerald To	oyce Johnson		х				
-	<b>Emerald Toyc</b>	e Johnson			Signature of De	ebtor 2		
	Signature of De	btor 1						
	Date Februar	ry 18, 2019			Date			
1 ebruary 10, 2019								

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B2030 (Form 2030) (12/15)

### **United States Bankruptcy Court** Northern District of Georgia

In re		Case No	
	Debtor(s)	Chapter	7
	DISCLOSURE OF COMPENSATION OF ATT	TORNEY FOR D	EBTOR(S)
	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the a compensation paid to me within one year before the filing of the petition in bankrup be rendered on behalf of the debtor(s) in contemplation of or in connection with the	ptcy, or agreed to be pai	d to me, for services rendered or to
	For legal services, I have agreed to accept	\$	1,375.00
	Prior to the filing of this statement I have received	\$	0.00
	Balance Due		1,375.00
2.	\$75.00 of the filing fee has been paid.		
3.	The source of the compensation paid to me was:		
	■ Debtor □ Other (specify):		
4.	The source of compensation to be paid to me is:		
	■ Debtor □ Other (specify):		
5.	■ I have not agreed to share the above-disclosed compensation with any other pe	rson unless they are me	mbers and associates of my law firm
٥.		-	•
	☐ I have agreed to share the above-disclosed compensation with a person or person copy of the agreement, together with a list of the names of the people sharing in		
6.	In return for the above-disclosed fee, I have agreed to render legal service for all as	spects of the bankruptcy	case, including:
	<ul> <li>a. Analysis of the debtor's financial situation, and rendering advice to the debtor in</li> <li>b. Preparation and filing of any petition, schedules, statement of affairs and plan w</li> <li>c. Representation of the debtor at the meeting of creditors and confirmation hearing</li> <li>d. [Other provisions as needed]</li> <li>Base Fee Services:</li> </ul>	which may be required;	
	Assisting client obtain pre-filing credit counseling Assisting client obtain pay advices Assisting client obtain tax transcripts, returns, and other relative doc Assisting in the preparation and completion of client's bankruptcy p Changes of address Stop creditor actions against client Attending and representing client at the 341 Hearing and any reset Negotiations with secured creditors to reduce claim value to market Exemption planning Preparation and filing of reaffirmation agreements and applications to 11 USC 522(f)(2)(A) for avoidance of liens	etition hearings t value	on and filing of motions pursuant
	Debtor shall base the balance of the agreed upon base fee through checks or debit account deduction authorizations.	installment payments	s either by means of post-dated
	I certify that a copy of the Debtor the Rights and Responsibilities St September 8, 2003, has been provided to, and discussed with, the		n General Order No. 9 dated
7.	By agreement with the debtor(s), the above-disclosed fee does not include the follo Non-Base Fees Services/A La Carte Items	wing service: Fee	
	Objections to Dischargeability	.\$275.00/hr 6275.00/hr	

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In re	Emerald Toyce Johnson	Case No.	
	Debtor(s)		

#### DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

(Continuation Sheet)

Investigations by the US Trustee.....\$275.00/hr

Any services not specifically set forth in this disclosure statement that require litigation are to be considered Non-Base Fees Services/A La Carte Items, and will incur a fee of \$250.00/hour.

7. Client wishes to file a petition under Chapter 7 of the Bankruptcy Code. Client is unable to pay the Attorney Fee in full prior to filing the case. Client acknowledges that there is a split of authority nationwide regarding the propriety of accepting post-petition payments for Chapter 7 attorney Fees. Client further acknowledges that the Northern District of Georgia is in the minority of the Courts that does allow these post-petition payments. Debtor shall pay the balance of the agreed-upon attorney's fees and any additional amounts (court filing fee and credit counseling fee) in installments by means of post-dated checks or debit account deduction authorizations.

#### 

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### **United States Bankruptcy Court** Northern District of Georgia

	- 1	or therm District or Georgia					
In re	Emerald Toyce Johnson		Case No.				
		Debtor(s)	Chapter	7			
	VERIFICAT	TION OF CREDITOR MA	ATRIX				
The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.							
Date:	February 18, 2019	/s/ Emerald Toyce Johnson					
		Emerald Toyce Johnson					

Signature of Debtor

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
<u>+</u> \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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Fill in this in	nformation to identify your case:					lirected in this form and	in Form
Debtor 1	Emerald Toyce Johnson		12	2A-1Supp	:		
Debtor 2 (Spouse, if filir				■ 1. Ther	e is no pres	umption of abuse	
	tes Bankruptcy Court for the: Northern District o	f Georgia	_	арр	lies will be r	to determine if a presur nade under <i>Chapter 7</i> icial Form 122A-2).	•
Case numb						does not apply now be y service but it could ap	
				☐ Check	c if this is a	n amended filing	
Official	Form 122A - 1					· ·	
Chapte	er 7 Statement of Your Cur	rent Mor	thly Inc	ome			12/1
attach a sep case numbe qualifying m	ete and accurate as possible. If two married people a arate sheet to this form. Include the line number to w r (if known). If you believe that you are exempted fror ilitary service, complete and file Statement of Exemp	hich the addition n a presumption	al information a of abuse becau	applies. On ise you do	the top of a not have prin	ny additional pages, wri marily consumer debts o	te your name and or because of
Part 1:	Calculate Your Current Monthly Income						
_	is your marital and filing status? Check one on	ly.					
	ot married. Fill out Column A, lines 2-11.	it hath Calumna	A and D. lines	0.11			
_	arried and your spouse is filing with you. Fill ou arried and your spouse is NOT filing with you.`			2-11.			
_	tried and your spouse is NOT filing with you. Living in the same household and are not lega	•	•	Jumpa A a	nd P. linos	2 11	
_	-	•			•		
-	Living separately or are legally separated. Fill of penalty of perjury that you and your spouse are lead living apart for reasons that do not include evading	egally separated	under nonbar	nkruptcy la	w that appli	es or that you and your	
101(10A) the 6 mor	e average monthly income that you received from all and a series of the	onth period would by 6. Fill in the res	be March 1 thro	ugh August de any inco	31. If the amo	ount of your monthly inconsore than once. For examp	ne varied during ble, if both
				Column Debtor 1		Column B Debtor 2 or non-filing spouse	
	gross wages, salary, tips, bonuses, overtime, all deductions).	and commissio	ns (before all	\$	3,198.55	\$	
	ony and maintenance payments. Do not include on B is filled in.	payments from	a spouse if	\$	0.00	\$	
of you from a and ro	nounts from any source which are regularly pa u or your dependents, including child support. an unmarried partner, members of your household commates. Include regular contributions from a sp	Include regular , your depender	contributions nts, parents,	\$	0.00	\$	
	n. Do not include payments you listed on line 3. acome from operating a business, profession,	or farm		Ψ			
	,	Deb	tor 1				
Gross	receipts (before all deductions)	\$0.00					
Ordina	ary and necessary operating expenses	-\$ 0.00		_	0.00	•	
	onthly income from a business, profession, or farm	n \$0.00	Copy here ->	•\$	0.00	\$	
6. Net in	ncome from rental and other real property	Deb	tor 1				
Gross	receipts (before all deductions)	\$ 0.00	ioi i				
	ary and necessary operating expenses	-\$ 0.00					
	nonthly income from rental or other real property	*	Copy here ->	•\$	0.00	\$	
	est, dividends, and royalties			\$	0.00	\$	

Official Form 122A-1

### 

Debtor 1 Emerald Toyce Johnson Case number (if known)

				Column A Debtor 1		Column B Debtor 2 or non-filing sp	nouse
8.	Unemployment compensation			\$	0.00	\$	30430
	Do not enter the amount if you contend that the amount the Social Security Act. Instead, list it here:	t received was a benef	it under			·	
		0.0	00_				
	For you \$ For your spouse \$						
	<b>Pension or retirement income.</b> Do not include any an benefit under the Social Security Act.			\$	0.00	\$	
10.	Income from all other sources not listed above. Spe Do not include any benefits received under the Social S received as a victim of a war crime, a crime against hur domestic terrorism. If necessary, list other sources on a total below.	Security Act or paymen manity, or international	ts or				
	. Family Contribution			\$	00.00	\$	
	<del></del>			\$	0.00	\$	
	Total amounts from separate pages, if any.		+	\$	0.00	\$	
11.	Calculate your total current monthly income. Add lir each column. Then add the total for Column A to the to		\$	3,598.55	+		<b>=</b> \$ <u>3,598.55</u>
					,		Total current monthly income
Part	2: Determine Whether the Means Test Applies t	o You					
12	Coloulete your current monthly income for the year	Follow those stops:					
12.	Calculate your current monthly income for the year	•		0	. I' 44 b		
	12a. Copy your total current monthly income from line ?	11		Сору	line 11 h	ere=>	\$3,598.55_
	Multiply by 12 (the number of months in a year)						<b>x</b> 12
	12b. The result is your annual income for this part of the	e form				12b.	\$43,182.60
13.	Calculate the median family income that applies to	you. Follow these step	s:				
	Fill in the state in which you live.	GA					
	Fill in the number of people in your household.	2					
	Fill in the median family income for your state and size					13.	\$61,794.00
	To find a list of applicable median income amounts, go for this form. This list may also be available at the bank		ecified i	in the separa	te instruct	ions	
14.	How do the lines compare?						
	14a. Line 12b is less than or equal to line 13. O Go to Part 3.	n the top of page 1, ch	eck box	1, There is n	o presum <sub>l</sub>	otion of abuse.	
	14b.   Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2.	of page 1, check box 2,	The pre	esumption of	abuse is d	letermined by	Form 122A-2.
Part	3: Sign Below						
	By signing here, I declare under penalty of perjury	that the information or	n this sta	atement and i	n any atta	chments is tru	e and correct.
	X /s/ Emerald Toyce Johnson						
	Emerald Toyce Johnson Signature of Debtor 1						
	Date February 18, 2019						
	MM / DD / YYYY						
	If you checked line 14a, do NOT fill out or file Form	n 122A-2.					
	If you checked line 14b, fill out Form 122A-2 and f	ile it with this form.					

AT&T P.O. Box 5014 Carol Stream, IL 60197

Capital Management Services, LP 698 1/2 S. Ogden St. Buffalo, NY 14206

CAPITAL ONE BANK USA NA PO BOX 30281 SALT LAKE CITY, UT 84130

Care Credit PO BOX 960061 Orlando, FL 32896

Chex Systems Inc. 7805 Hudson Rd. Suite 100 Saint Paul, MN 55125

Comcast P.O. Box 196 Newark, NJ 07101-0196

COMENITY BANK/LNBRYANT PO BOX 182789 COLUMBUS, OH 43218

Country Financial 1701 N Towanda Ace Bloomington, IL 61701-2057

CREDIT COLL PO BOX 607 NORWOOD, MA 02062 Credit Collection Services 2 Wells Avenue Newton Center, MA 02459

CREDIT ONE BANK PO BOX 98872 LAS VEGAS, NV 89193

Dekalb County Water & Sewer 1300 Commerce Drive Decatur, GA 30030

Delta Financial 4361 Main St. Zachary, LA 70791

Dentistry of Camp Creek 3515 Camp Creek Parkway Suite 100 East Point, GA 30344

DEPT OF ED / NELNET 3015 PARKER RD 400 AURORA, CO 80014

Directv P.O.Box 78627 Phoenix, AZ 85062

Discover Bank 556 N. McDonough St Decatur, GA 30030-3308

DISCOVER FINANCIAL SERVI PO BOX 15316 WILMINGTON, DE 19850 DIVERSIFIED CONSULTANTS INC PO BOX 551268
JACKSONVILLE, FL 32255

Emory Healthcare PO Box 102398 Atlanta, GA 30368-2398

ERC PO Box 23870 Jacksonville, FL 32241

EXETER FINANCE LLC PO BOX 166097 IRVING, TX 75016

Financial Asset Management Systems Inc. P.O. Box 1069 Woodstock, GA 30188-1069

Georgia Department of Revenue 1800 Century Blvd NE Suite 910 Atlanta, GA 30345

Invitation Homes 950 N Point Pkwy□□Ste 350 Alpharetta, GA 30005

IRS Centralized Insolvency Operations P.O. Box 7346 Philadelphia, PA 19101-7346

Lashaun Baker P.O. Box 91 Morrow, GA 30260 MERRICK BANK 10705 S JORDAN GATEWAY 200 S JORDAN, UT 84095

NAVIENT PO BOX 9500 WILKES BARRE, PA 18773

NCO Financial P.O. Box 41457 Philadelphia, PA 19101

PAYLEASE, LLC. 9330 SCRANTON RD 450 SAN DIEGO, CA 92121

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